2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
Apr 28, 2009
Secretary of State

DOCUMENT# P02000069710

Entity Name: ACCESSIBLE HEALTHCARE SERVICES, INC.

Current Principal Place of Business:

210 N. UNIVERSITY DRIVE
SUITE 806
CORAL SPRINGS, FL 33071

New Principal Place of Business:

Current Mailing Address:

210 N. UNIVERSITY DRIVE
SUITE 806
CORAL SPRINGS, FL 33071

New Mailing Address:

FEI Number: 74-3154707 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SALEM, MIRELLA
210 UNIVERSITY DRIVE
SUITE 707
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title:	P,D	( ) Delete
Name:	SALEM, MIRELLA	
Address:	210 N. UNIVERSITY DRIVE	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	EVP	(X) Delete
Name:	TURNER, STEVEN	
Address:	210 N UNIVERSITY DRIVE, SUITE 806	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	SVP	(X) Delete
Name:	ROWSELL, JOHN	
Address:	210 N UNIVERSITY DRIVE, SUITE 806	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	CONT	(X) Delete
Name:	TITUS, JOHN	
Address:	210 N UNIVERSITY DRIVE, SUITE 806	
City-St-Zip:	CORAL SPRINGS, FL 33071	
Title:	VP	(X) Delete
Name:	GREENLAND, GREGORY	
Address:	210 N UNIVERSITY DRIVE	
City-St-Zip:	COR4AL SPRINGS, FL 33071	

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: /S/ MIRELLA SALEM P 04/28/2009

Electronic Signature of Signing Officer or Director — Date